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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/092,259                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ROBERTS ET AL.                                                                                                                                                                                                        |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Art Unit                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Belix M. Ortiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2164                                                                                                                                                                                                                  |  |
| The MAILING DATE of this communication ap<br>All claims being allowable, PROSECUTION ON THE MERITS I<br>herewith (or previously mailed), a Notice of Allowance (PTOL-8<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT<br>of the Office or upon petition by the applicant. See 37 CFR 1.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | pears on the cover sheet with the S (OR REMAINS) CLOSED in this 5) or other appropriate communic RIGHTS. This application is subject and MPEP 1308.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | he correspondence address<br>s application. If not included<br>ation will be mailed in due course. THIS                                                                                                               |  |
| 1. A This communication is responsive to the Decision of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Board on 8/14/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |  |
| 2. $\boxtimes$ The allowed claim(s) is/are <u>1-19</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |  |
| 3. Acknowledgment is made of a claim for foreign priority  a) All b) Some* c) None of the:  1. Certified copies of the priority documents ha  2. Certified copies of the priority documents ha  3. Copies of the certified copies of the priority of International Bureau (PCT Rule 17.2(a)).  * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE noted below. Failure to timely comply will result in ABANDON THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  4. A SUBSTITUTE OATH OR DECLARATION must be sub INFORMAL PATENT APPLICATION (PTO-152) which g  5. CORRECTED DRAWINGS (as "replacement sheets") m  (a) including changes required by the Notice of Draftsper 1) hereto or 2) to Paper No./Mail Date  (b) including changes required by the attached Examine Paper No./Mail Date  Identifying indicia such as the application number (see 37 CFR each sheet. Replacement sheet(s) should be labeled as such in | eve been received.  The been received in Application Note the attached EXAMII ives reason(s) why the oath or denust be submitted.  The submitted in the submitted ives reason(s) why the oath or denust be submitted.  The submitted ives reason's Patent Drawing Review (Figures Amendment / Comment or in the submitted in the submitted ives reason's Patent Drawing Review (Figures Amendment / Comment or in the submitted in the submitte | o this national stage application from the eply complying with the requirements  NER'S AMENDMENT or NOTICE OF claration is deficient.  PTO-948) attached  the Office action of rawings in the front (not the back) of |  |
| <ol> <li>DEPOSIT OF and/or INFORMATION about the department department regarding REQUIREMEN</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |  |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |  |
| 1. Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nal Patent Application                                                                                                                                                                                                |  |
| <ol> <li>Notice of Draftperson's Patent Drawing Review (PTO-948</li> <li>Information Disclosure Statements (PTO/SB/08),</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Paper No./Mai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ol> <li>Interview Summary (PTO-413),</li> <li>Paper No./Mail Date</li> <li>□ Examiner's Amendment/Comment</li> </ol>                                                                                                 |  |
| Paper No./Mail Date  4. Examiner's Comment Regarding Requirement for Deposi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tement of Reasons for Allowance                                                                                                                                                                                       |  |
| of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9. ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C. Roses                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SUPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CHARLES RONES                                                                                                                                                                                                         |  |

U.S. Patent and Trademark Office PTOL-37 (Rev. 08-06)

## **DETAILED ACTION**

## Remarks

1. In response to communications files on February 24, 2006. Therefore, claims 1-19 are presently pending in the application.

## Reasons for Allowance

- 2. Claims 1-19 are allowed.
- 3. The following is a statement of reasons for the indication of allowable subject matter: the prior arts of records, neither anticipates nor renders obvious the following limitations as claimed:

As to claim 1, the prior art of records fail to anticipate or suggest a system for configuring handheld devices, comprising:

a website engine, for receiving user input;

a build-to-order configuration engine for communicating with developers, coordinating software licensing, arranging software downloads and preventing conflicts;

a database engine, for managing executable code and data responsive to said configuration engine, and

a loading station for performing the actual downloads;

wherein said loading station loads said handheld device based on user input received through said website engine and conveyed to said data base and build-to-order configuration engines, together with the other limitations of the independent claims.

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As to claim 19, the prior art of records fail to anticipate or suggest a method of loading software onto a handheld device, comprising:

querying a build-to-order configuration engine to ensure sufficient memory is available to accommodate said software, that the desired software has no conflicts with any other software desired by said user, and that the handheld device O/S (Operating System) can accommodate said software;

querying said handheld device to ensure sufficient memory is available, and reporting an error back to said user if necessary;

if necessary, prompting a user to order additional memory such as on a memory card; and locating said software program on said memory card where possible, together with the other limitations of the independent claims.

## Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Belix M. Ortiz whose telephone number is 571-272-4081. The examiner can normally be reached on moday-friday 9am-5pm. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

bmo

November 15, 2007

CHARLES RONES
SUPERMISORY PATENT EXAMINER